# Workforce Development & Training

Jeanne Marrazzo
Mark Thrun

Steering Committee Co-Chairs:
National Network of
STD/HIV Prevention Training Centers

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# Today's Discussion

- Working concept of "training" & why it's fundamental to integration
- Background on National Network of STD/HIV Prevention Training Centers (NNPTC)
- Success in integrated efforts to train: inter-disciplinary content; novel delivery methods (web-based); Ask-Screen-Intervene Curriculum
- Specific challenges to workforce development in the integration realm
  - Training on content, & training on how to integrate
- Culture of training needs to accommodate a shift from "disease" to "client"

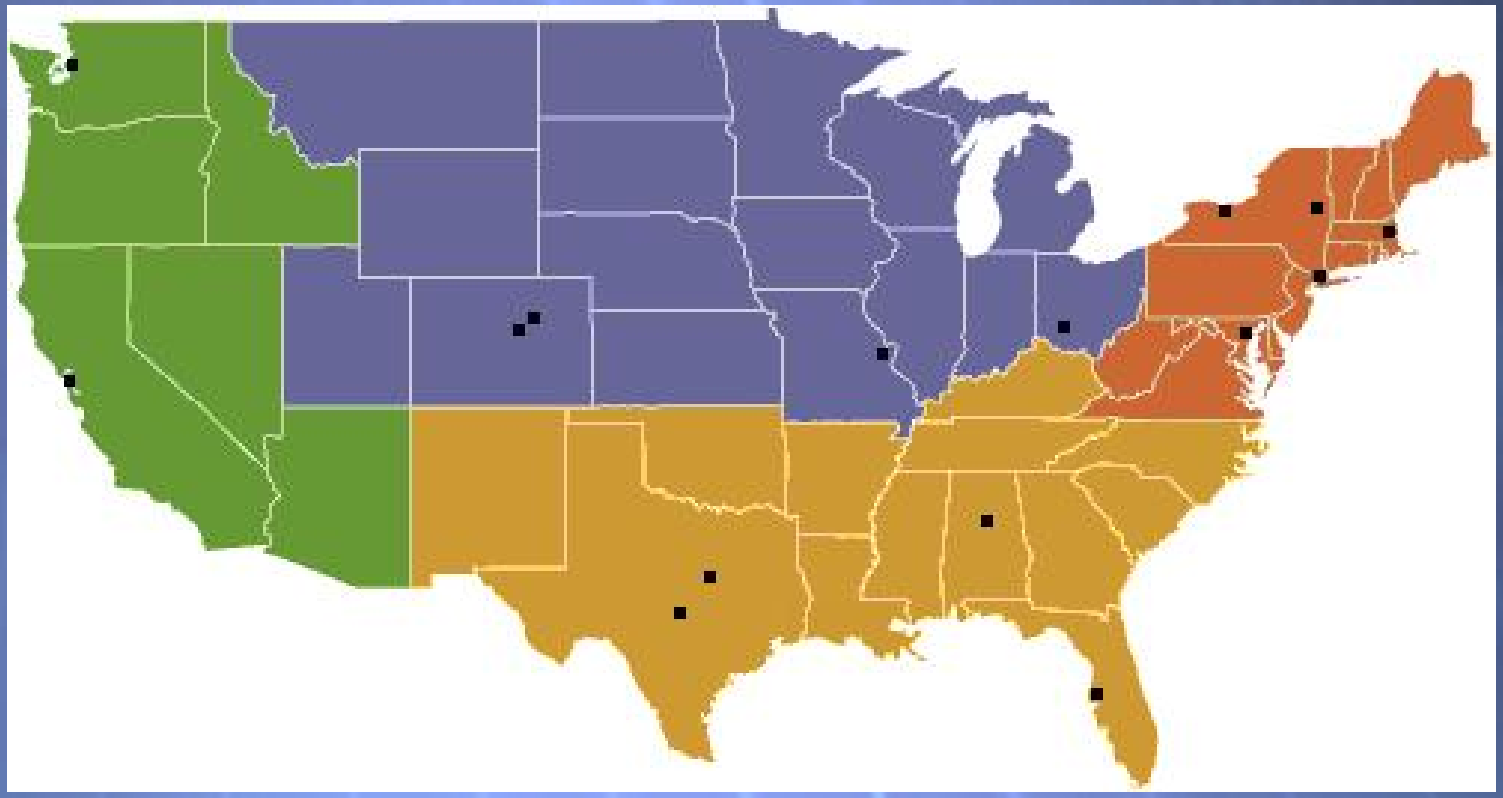
# Workforce Development and Training: Translating Research into Practice & Policy

"Assuring a Competent Workforce"


Builds capacity to deliver services at the client level!

# An Example of Workforce Development Integration: The National Network of STD/HIV Prevention Training Centers

- 18 regional centers in network



www.stdhivpreventiontraining.org

# NNPTC: 3 Parts

- Part 1: Clinical training on STD/HIV prevention, diagnosis, and treatment
  - Additional focus on viral hepatitis
  - Active collaboration with local TB training efforts
- Part 2: Behavioral training on STD/HIV prevention interventions (DEBI) and necessary foundational skills
- Part 3: Clinical and behavioral training related to partner counseling and referral services

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# The NNPTC Mission: The Text

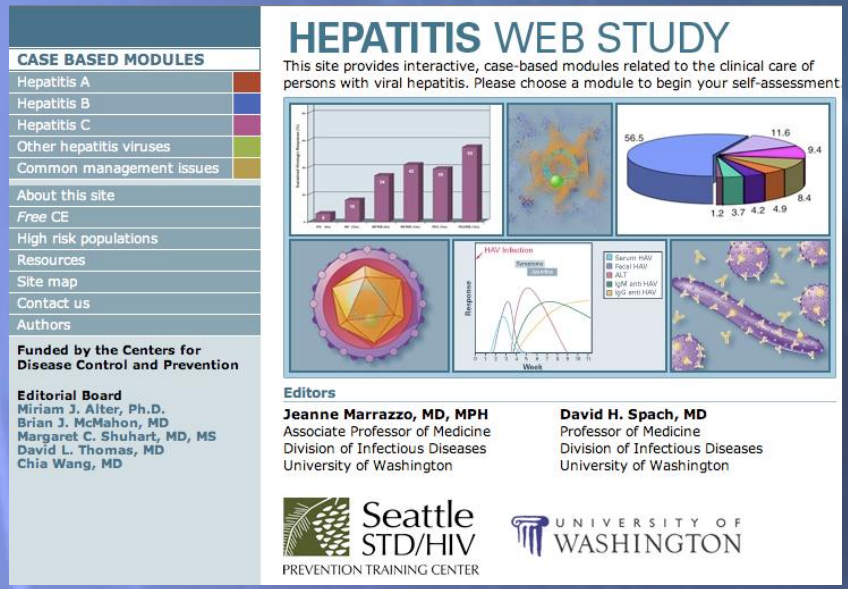
- Dedicated to increasing the knowledge and skills of health professionals in the areas of sexual and reproductive health
- Provides health professionals with a spectrum of state-of-the-art educational opportunities, including experiential learning with an emphasis on prevention.

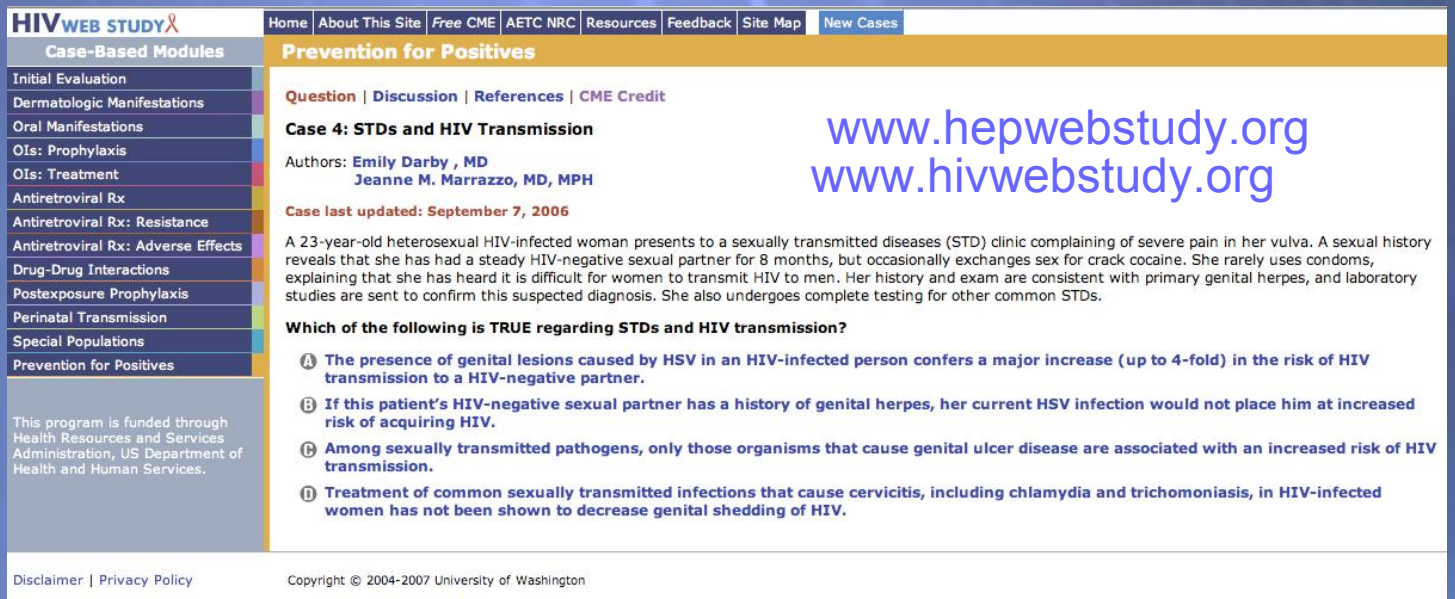
# The NNPTC Mission: The Reality

Making & maintaining links between research, policy, and practice require an active training partner to help translate advances in these areas to effect change in practice

# NNPTC Integrative Capacity Enhanced by Broad Expertise & Communication

- Within NNPTC:
  - Combine clinical and educational expertise
  - Parts cross-pollinate for curriculum development
  - Ex: Development & teaching of viral hepatitis & HIV prevention curricula



# NNPTC Contributions Are Enhanced by Strategic External Collaborations

- The "4TC" group: with AIDS Education Training Centers; Reproductive Health Training Centers; Addiction Technology Transfer Center
- State and Local Health Departments; Community Based Organizations; Professional Medical Organizations
- Joint meetings and strategic planning
  - Quadrant and center-wide advisory committees
- Development of uniform assessment instruments for joint training events

# NNPTC Contributions Are Enhanced by HIV-STD Expertise

- Training on
  - Advancing HIV testing in medical care settings
  - Rapid HIV testing, opt-out testing, and effective linkage to care and prevention program for persons newly diagnosed with HIV infection
  - Partner management in HIV+
  - STD-HIV interactions and role of primary HIV infection/STD coinfection as major player in HIV incidence
- Development and diffusion of the national **Ask, Screen, Intervene (ASI)** training course, an integrated STD/HIV prevention curriculum to enhance prevention in HIV cares settings

# Incorporating HIV Prevention into the Medical Care of Persons Living with HIV

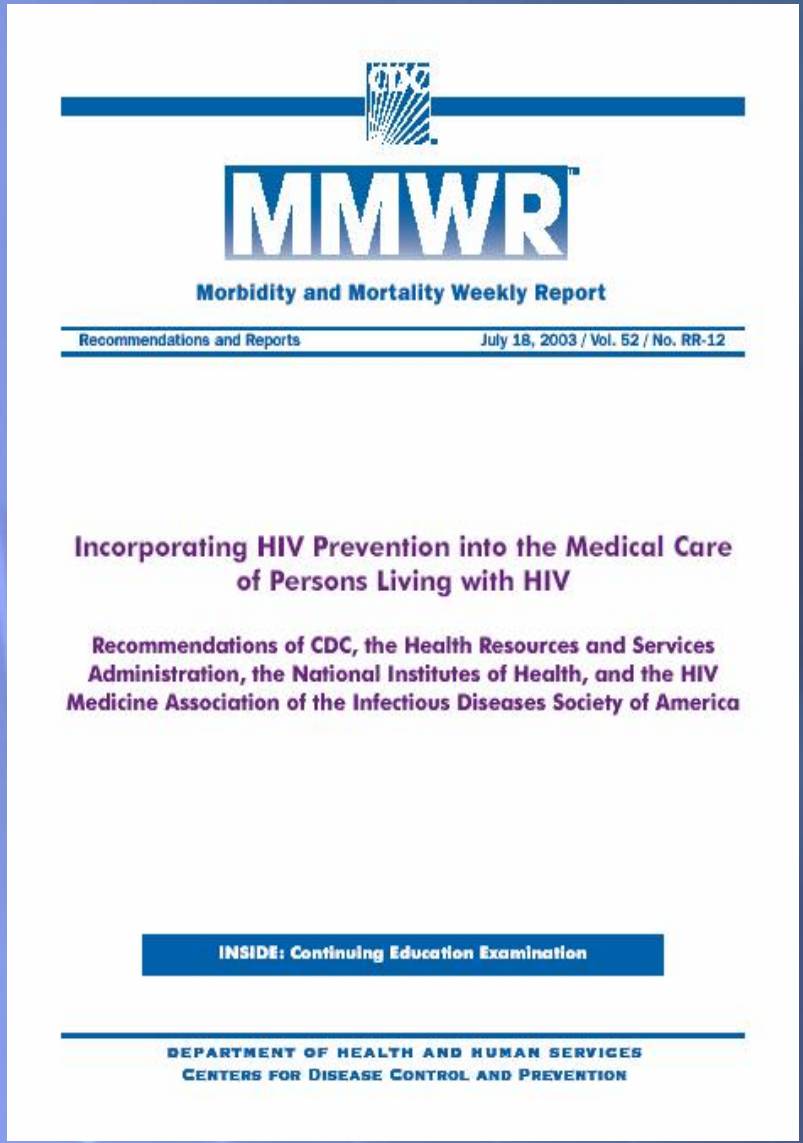
## *Ask • Screen • Intervene*

*Developed by*:

**The National Network of STD/HIV Prevention Training Centers, in conjunction with the AIDS Education Training Centers**


# *CDC Recommendations*

- Developed by CDC, HRSA, NIH, HIVMA, with evidence-based approach
- Intended for those providing medical care to HIV-positive persons



MMWR

Morbidity and Mortality Weekly Report

Recommendations and Reports — July 18, 2003 / Vol. 52 / No. RR-12

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV

Recommendations of CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America

INSIDE: Continuing Education Examination

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

*(CDC. MMWR. 2003 July 18)*

# *ASI Curriculum Content*

- Module 1: Risk Screening: for Behavioral Risks and STDs
- Module 2: Universal Prevention Messages & Addressing Misconceptions
- Module 3: Tailored Behavioral Interventions
- Module 4: Partner Counseling & Referral Services

# Ask, Screen, Intervene

Between May 2005 and March 2006:

- 52 regional training of other trainers
- Over 110 direct trainings
- Over 3,700 providers trained

# Ask, Screen, Intervene: Collaboration among trainers

*Collaborative effort within NNPTC:*

- All 3 parts represented: Clinical, Behavioral, PCRS
- Included experts in science and experts in training

*Collaborative effort with AETC:*

- AETC actively involved in development
- Assisted directly with recruitment of faculty and course delivery

*Collaborative effort with CDC:*

- Active consultation with developers of guidance
- Direct involvement of training branch staff

# Ask, Screen, Intervene:
## Collaboration with medical professionals

*Collaborative effort with HIVMA:*

- "Prevention in Care" packets: all members
- IDSA Symposia – 2005, 2006, 2007

*Collaborative effort with AAHIVM:*

- Regional trainings
- Evaluation initiative

*Collaboration locally with managed care organizations and private providers*

# ASI: Self-evaluation of Clinician Trainees

- 84.7% found the information conveyed in ASI trainings useful to their practice ("somewhat high" or "very high")
- Simultaneous self-rating of skills demonstrated substantial improvements in knowledge and intention measuring items (for all items, $p < 0.001$):

| | Ability to list elements of effective risk assessment for behaviors causing transmission of HIV/STD | | Willingness to use clinic time to talk to HIV infected patients about reducing risks for HIV transmission | | Ability to initiate discussion about sex partners and/or needle sharing partners | |
|---|---|---|---|---|---|---|
| | *Before* | *After* | *Before* | *After* | *Before* | *After* |
| N | 409 | 408 | 384 | 379 | 293 | 289 |
| Mean | 3.29 | 4.37 | 3.72 | 4.40 | 3.51 | 4.36 |
| Median | 3.00 | 4.00 | 4.00 | 5.00 | 4.00 | 5.00 |

# Integration that Worked!

## ASI bridged:

- STD and HIV
- CDC and HRSA via NNPTC and AETC's
- Prevention and care
- Clinical & behavioral interventions
- Clinician & PCRS
- CDC funded training program and private medical societies
  - AAHIVM sponsorship of regional trainings
  - HIVMA/IDSA ongoing sponsorship of national trainings
  - HIVMA sponsorship of mailing of prevention in care package to private clinicians

# Workforce Development and Training: Translating Research into Practice & Policy

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# Two Realms of Workforce Development and Training

- Integrated training –
  - Including aspects of HIV, TB, STD, Hepatitis in currently developed curricula and new courses yet to be developed
- Training on integration –
  - Building of integrated programs; Sharing of model practices; Technical assistance for program integration

# Big picture training issues

- Different diseases, sites of practice, practitioners, and models of care
- Gap between science of HIV/TB/STD/Hepatitis and practice (efficacy to effectiveness)
  - Efficacious interventions may not always be effective in the real world if not translated with fidelity
- Some funding streams separate training & technical assistance
- Needs for basic program support training (program specific training alone may not be sufficient)
  - E.g. client-centered counseling, group facilitation, community assessment, and program evaluation

# Outside input needed to support workforce development

- Need input from broad representation:
  - Researchers, training entities, and service providers (bridging efficacious with effective):
  - Clinical and behavioral scientists
  - HIV, STD, TB, hepatitis care providers
  - HIV/STD, TB, hepatitis, substance use, pregnancy prevention programs
  - Organizations representing PH, medical providers, etc (e.g. NCSD, NASTAD, HIVMA)
  - Correctional facilities
  - Immunization programs

# Current training partners will need to further collaborate

- Establish stronger cross-fertilization within funded training partners regarding:
  - STD/TB/Hep screening considerations in HIV prevention training and various combinations including joint training
  - Behavioral interventions (esp. prevention counseling and group level interventions) in STD or other clinical settings
  - Expand beyond traditional target audiences
  - (Continued) focus on primary prevention: "We can't treat our way out of this epidemic"
- Encourage enhanced training collaborations with private and other sectors (e.g. corrections, managed care organizations, emergency departments, FQHC's, etc)

# Training needed on integration itself

- Service providers and administrators will need
  - Technical assistance
  - Workforce sharing ideas
  - Help disseminating best practices or model examples
  - Basic understanding of other diseases they may need to educate or screen on
- Work force development requires increasing knowledge, but also shifting attitudes regarding prevention and care, clinical and behavioral “areas”

# Culture of training may need to shift

- Where possible, integrate training and technical assistance activities.
- Increase formal communication among CDC programs and external training partners that conduct trainings:
  - Recognize that there are numerous entities that conduct training activities
  - Ensure consistent message delivery, reduce duplication of services, and streamline national coordination efforts
  - Consider advisory board involving key partners
- Pilot programs to highlight needed key collaborations

# Structure of training may need to shift

- Develop a different structural approach in collaborating with organizations providing clinical and/or prevention services to enhance likelihood that training and capacity building efforts will result in measurable changes
  - Move from traditional focus on curricula-based training courses to addition of technical assistance services to increase program capacity building for integration
  - Continue to shift training to point of care
  - Take advantage of new technologies – web, etc

The great aim of education is not knowledge, but action.

-Herbert Spencer